



State of Connecticut
Commission on Fire Prevention and Control

FIREFIGHTER II
Certification Examination Application Form



Please **PRINT** all information legibly as it will appear on your permanent records. This **entire** application must be completed by **both** the trainer & trainee prior to submission. **This application must be submitted not later than 10 days prior to the examination.**

APPLICANT DATA

Last name	First name	Middle Initial
Home Street Address		
Town	State	Zip Code +4
Telephone Home	Work	
Social Security Number		
Date Certified as a State of Connecticut Firefighter I		CFPC Office Use Only:

FIRE SERVICE AFFILIATION

Department Name	FDID # (if applicable)
Company/Unit	City/Town
Check One: Career _____ Volunteer _____ Call _____	
Date entered fire service (if applicable, include both volunteer and career time)	

EXAMINATION DATA

Type of Examination (Check One) (Applicants may apply for both types of examinations on a single application)	
Written Examination _____ Date _____	Practical Examination _____ Date _____
Examination Location	Examination Location

\$7.50 application fee for a written examination and/or \$5.00 for a practical examination required with application. Please check type of payment below:

Cash	Check (please indicate check # and date)	Purchase order	In service or Calendar Class (fee included in tuition)
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By my signature below, I certify that the above information is true and correct to the best of my knowledge and that I will be at least 18 years of age on the date of the examination.

Applicant's Signature	Date
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Remit completed application and fee to: Commission on Fire Prevention and Control
34 Perimeter Road
Windsor Locks, CT 06096-1069

FIREFIGHTER II - INDIVIDUAL TRAINING RECORD

Name (Print)	Social Security Number:
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	NFPA 1001 Chapter 4 Objectives	Quiz Grade <i>local option</i>	Date Psycho-Motor Objectives Met
4-1	General		
4-1.1	Hazardous Materials Response - Operational Level		Note: a valid Haz Mat Operational Certificate may be used in lieu of a signature certifying training
4-2	Fire Department Communications		
4-3	Fire Ground Operations		
4-4	Rescue Operations		
4-5	Prevention, Preparedness, and Maintenance		

We the undersigned, do hereby certify that all psycho-motor skills as required in NFPA Standard 1001, Chapter 4, 1997 edition, will have been satisfactorily performed and evaluated by the certified instructor whose signature appears below by the time of the Practical Skills Examination. It is understood that a skill evaluation will be administered by a representative of the Connecticut Commission on Fire Prevention and Control prior to granting of Certification.

Date Psychomotor Skills will be satisfactorily performed and Evaluated: _____

Firefighter Trainee Signature	Date
Lead Instructor Printed Name	Telephone Number
Lead Instructor Signature	Date